

Name in Full

Certificate of Death

Nancy Brown.

Town
Sassaspras

County

State
Md

MARYLAND

Died at

Date 1902

Month Oct

Day 6

Age 60

M.

D.

Native of Md

Occupation Servant

 Male White Married Widow Divorced Female Colored Single Widower

Number of children living

2

Husband of

Wife

Father's

Mother's

Name

Name

Cause of

Primary

Inflammatory Rheumatism

How long sick

3 weeks

Death

Immediate

Accident, Suicide, Homicide

Reported by

Nancy Brown

47

Address

Sassaspras, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
In
Full

Medford J. Butler

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1902	Month Oct	Day 7	Years 11	Months 4	Days —
Sex Male	Color or Race Black	Occupation	Birth-place Md		
Married, Single or Widowed					
Name of Wife or Husband					
Father's Name	Medford Butler		Father's Birthplace	Md	
Mother's Maiden Name	Cara Jones		Mother's Birthplace	Md	
Name of person giving information	Medford Butler		How related to deceased	Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lymphoid fever.	How long	4 weeks
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Wm. S. Maxwell
		Address	Still Pond Md.
Accident or Suicide?			

Ms. 310

Eunice Carter

Town
GalenaCounty
Kent

MARYLAND

Died at

Date 1902

Month
10 Day
27Y. M. D.
16Native of
Ind

Occupation

Male

White

Age

Widow

Female

Colored

Married

Widower

Divorced

Single

Number of children living

Husband of

Wife

Father's

Name

Eunice Carter

Mother's

Maiden Name

Gertrude Scott.

Cause of

Primary

Born too soon

151

How long sick

16 days

Death

Immediate

and was not healthy.

Accident, Suicide, Homicide

Reported by

Amie Cossey Mid wife.

Address

Galena / Kent Co Ind

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Chestertown</u>		County <u>Tent</u>	
Date of death 190	Month <u>Oct</u>	Day <u>20</u>	Age <u>Infant</u> Years <u>stillborn</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Chestertown</u>	
Married, Single or Widowed	Occupation		
Name of Wife or Husband			
Father's Name <u>Jos R. Dankworth</u>	Father's Birthplace <u>Pa.</u>		
Mother's Maiden Name <u>Mary Cox</u>	Mother's Birthplace <u>Ohio</u>		
Name of person giving information <u>Jos R Dankworth</u>	How related to deceased <u>Father</u>		

CAUSES OF DEATH

Primary Premature labor 8 mo.

How long

Immediate Brech presentation,

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

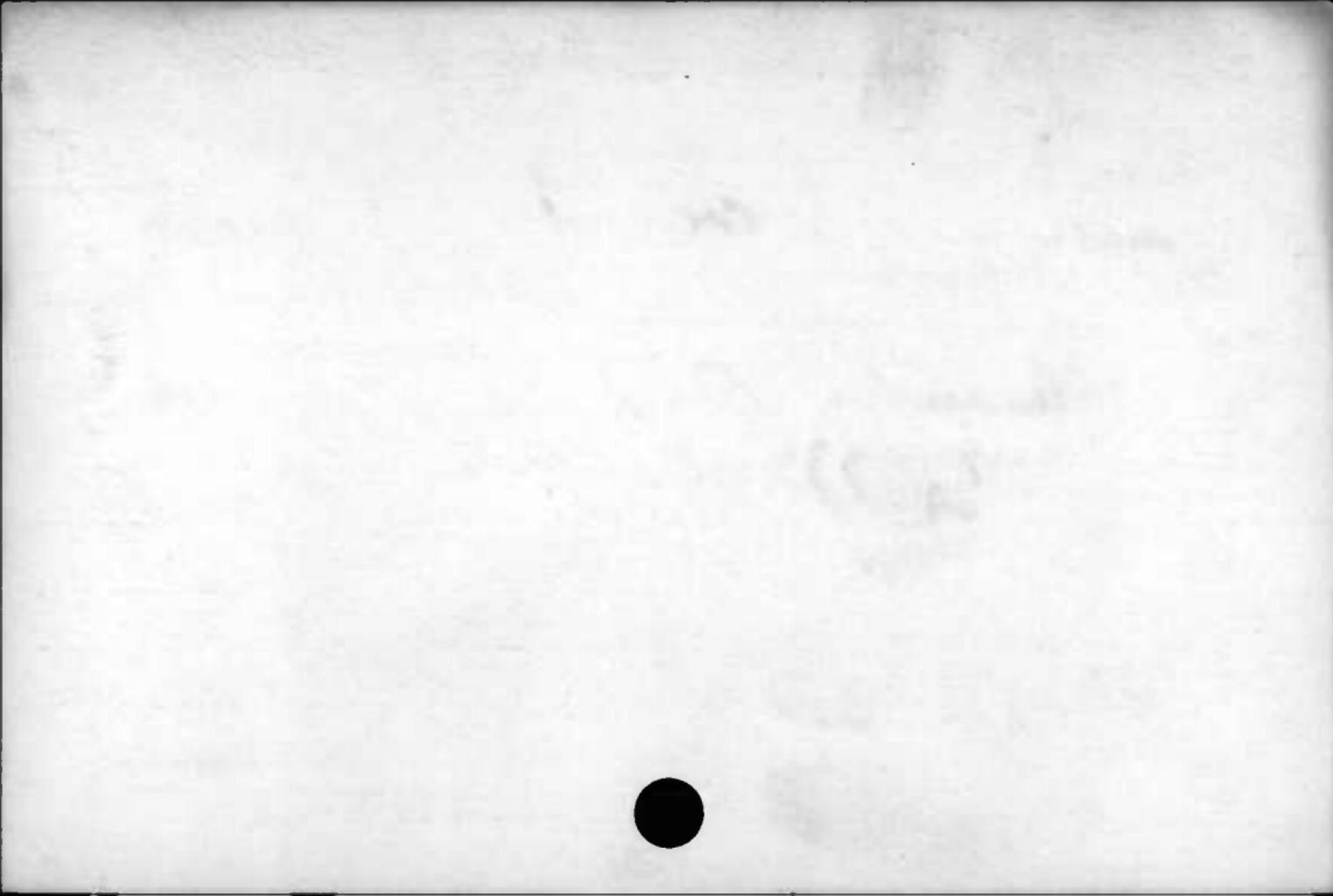
Signature of Physician

H. Bringe Simmons

Address

Chestertown
Md

Accident or Suicide? No



Name
in
Full

Leonard Raymond Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Still Pond</u>		Town <u>Towson</u>		County <u>Harford</u>		MARYLAND	
Date of death <u>1902</u>	Month <u>Oct</u>	Day <u>6</u>	Age <u>28</u>	Years <u>2</u>	Months <u>4</u>	Days <u>13</u>	
Sex <u>Male</u>	Color or Race <u>Colored</u>			Birth-place <u>Ind</u>			
Married, Single or Widowed <u>widower</u>			Occupation <u>Laborer</u>				
Name of Wife or Husband							
Father's Name <u>Alexandra Ford</u>			Father's Birthplace <u>Ind</u>				
Mother's Maiden Name <u>Mary Sizie Jones</u>			Mother's Birthplace <u>Ind</u>				
Name of person giving information <u>A. J. Ford</u>			How related to deceased <u>Father</u>				

CAUSES OF DEATH

Primary

Meningitis.

6/10/02

How long

Immediate

How long
4 weeks

PHYSICIAN
OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

John S. Maxwell.

Address

Still Pond

Accident or Suicide?

Md.

X

Still Pond

Name
in
Full

Rodger Garety

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month 2 oct.	Day 27	Years 60	Months —	Days —
Sex Male	Color or Race	White	Birth- place		
Married, Single or Widowed	Occupation				
Name of Wife or Husband					
Father's Name				Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information	William Ford			How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Raving	68	How long
Immediate	Eduardus	.	How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Mary Jara

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County		
Died at Hebron Sta	Kent		
Date of death 1902	Month Oct	Day 8	Years —
Sex female	Color or Race white	Months 11	Days —
Married, Single or Widowed	Occupation	Birthplace Baltimore	
Name of Wife or Husband			
Father's Name Frank Jara.	Father's Birthplace Germany		
Mother's Maiden Name Katie Studenska	Mother's Birthplace Germany		
Name of person giving information Frank Jara	How related to deceased father		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bronchial Pneumonia. qv		How long several days.
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes,	Signature of Physician	Wm. S. Maxwell,
		Address	Still Pond, Md. ✓
Accident or Suicide?			

Baltimore

Name
in
Full

Mary E. Murphy.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town	County			MARYLAND		
Died at coleman	Month Oct	Day 31	Years 65	Months —	Days —	
Date of death 1902	Age	Color or Race	Occupation	Birth- place	House	wife
Sex female	Block.			md		
Married, Single or Widowed	married					
Name of Wife or Husband	John Murphy			Father's Birthplace	md	
Father's Name	George Butler			Mother's Birthplace	md	
Mother's Maiden Name	Sarah Riley			How related to deceased	Husband	
Name of person giving Information	John Murphy					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Bright's disease, 1902		How long
Immediate			How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Mr. S. Maxwell,
		Address	Still Pond, Md.
Accident or Suicide?	X		

coleman

Name
in
Full

Katie Piier

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1902	Month Oct	Day 19	Years 58	Months 7	Days —	
Sex	female	Race	Black.		Birth-place	Md.	
Married, Single or Widowed	Married	Occupation	House wife				
Name of Wife Husband	Alexandra Piier						
Father's Name	Daniel Banner.		Father's Birthplace	Md.			
Mother's Maiden Name	Eunice Banner		Mother's Birthplace	Md			
Name of person giving Information	John Brooks		How related to deceased	Son in law			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Carcinoma		Age	How long
Immediate	Exhaustion			1 year
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		
Yes		Address	Jas. W. Urie Stell Pond Md	
Accident or Suicide?		—		

Boleman,

Name
in
Full

Margaret Poore

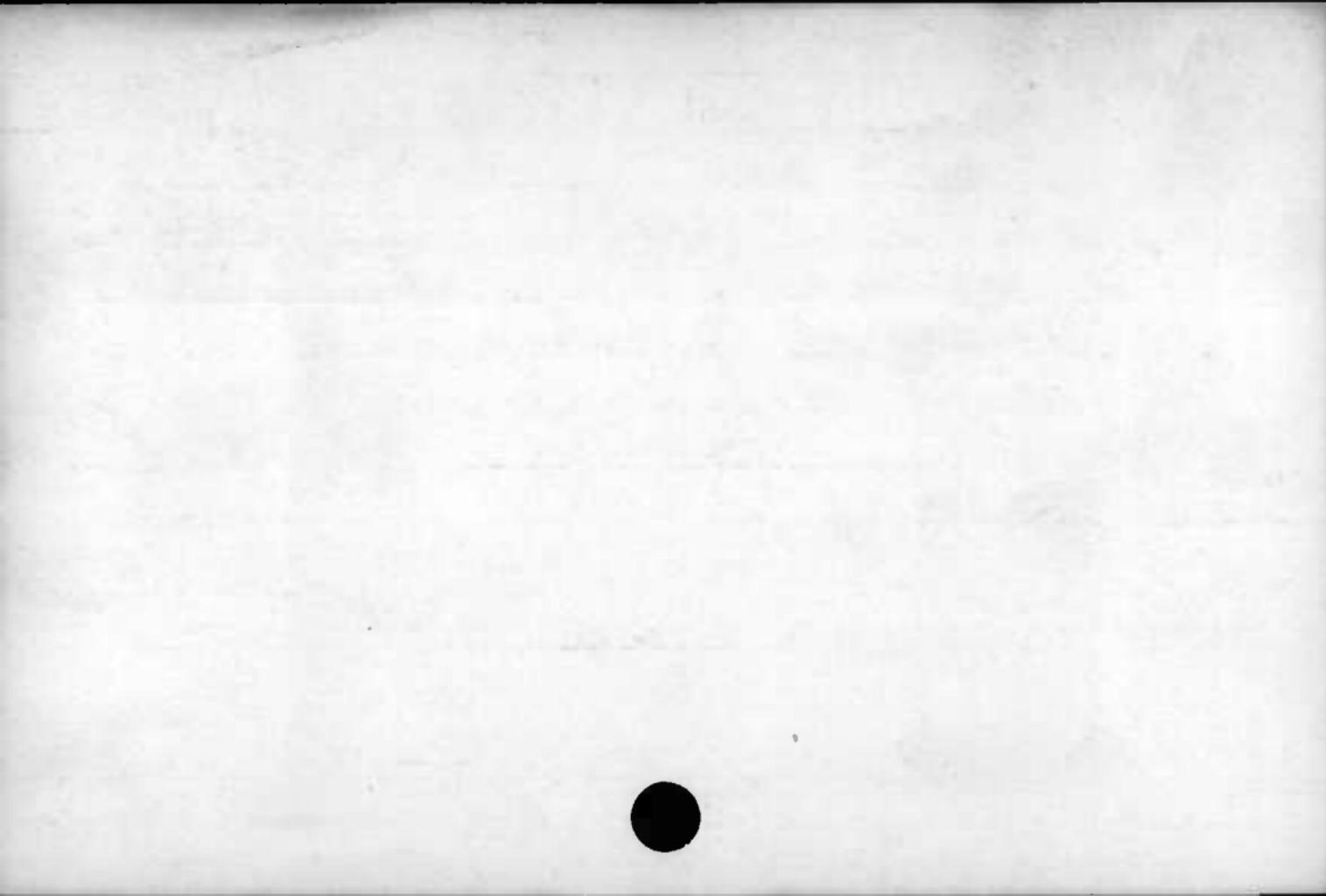
CERTIFICATE OF DEATH

To be ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 190	Month	Day	Years	Months	
Sex	Female	Color or Race	21	Birth- place	Maryland
Married, Single or Widowed	Married	Occupation	Housewife		
Name of Wife or Husband	Richard Poore				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	100				

CAUSES OF DEATH

Primary	Bright's Disease		How long
Immediate	" "		2 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	Address
Accident or Suicide?	No		



Name
in
Full

Isaac Roberts

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at <u>Coleman</u>		Town <u>Town</u>		County <u>Kent</u>		MARYLAND	
Date of death 1900	Month <u>Oct</u>	Day <u>31</u>	Age <u>67</u>	Years <u>67</u>	Months <u>-</u>	Days <u>-</u>	
Sex <u>Male</u>	Color or Race <u>Blk</u>			Birth- place <u>md</u>			
Married, Single or Widowed <u>Married</u>			Occupation <u>Laborer</u>				
Name of Wife or Husband <u>Margret Anderson</u>							
Father's Name <u>Isaac Roberts</u>			Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Susan Roberts</u>			Mother's Birthplace <u>md</u>				
Name of person giving Information <u>Isaac Roberts</u>			How related to deceased <u>son</u>				

CAUSES OF DEATH

Primary <u>Pneumonia.</u>	<u>93</u>	How long <u>7 days.</u>
Immediate		How long

Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>Wm. S. Maywell,</u>
	Address <u>Still Pond, Md.</u>

Accident or Suicide?

coleman

Name
in
Full

George Scott

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town		County			
	Laukford.		Kent.		MARYLAND	
Date of death 1902.	Month	Day	Years	Age	Months	Days
	Oct.	9.	40.			
Sex	Male	Color or Race	Black.		Birth-place	Kent Co
Married, Single or Widowed			Occupation	Single. Farm hand.		
Name of Wife or Husband						
Father's Name	Benji Scott.			Father's Birthplace	Kent co	
Mother's Maiden Name	Gandy Day.			Mother's Birthplace		
Name of person giving Information	Peg Graves.			How related to deceased	not husband	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Lungphthisis says 27		How long
			6 or 8 mo.
Immediate	Echard.		How long
Are the name, age, sex, color, date and place correctly given above?	Yes.		Signature of Physician
			Address
Accident or Suicide?	Overhead Hector town and		



Olin Thompson
Town Edesville County Kent

MARYLAND

Died at

Date 1902

Month Oct Day 31

Y. M. D.
Age 10

Native of Md

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Perry Thompson Mother's Maiden Name Munday Clarkson

Cause of

Primary

Not Known

179

How long sick

Death

Immediate

No Doctor in attendance

Accident, Suicide, Homicide

Reported by

Thos H Ceesay, Undertaker

Address

Rock Hall Kent C. Mc

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Ella Pink Wicks.

Town *Edenville* County *Kent* MARYLAND

Died at

Date 1902

Month *Oct* Day *29*

Y.

M.

D.

Native of

Occupation

Maryland

Male

~~White~~

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's Name

James Wicks

Mother's

Maiden Name

Lizzie Brooks

How long sick

Cause of

Primary

Phthisis Pulmonalis

Death

Immediate

Accident, Suicide, Homicide

Reported by

Dr. Williams

27

Address

*Edenville**Franklin*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name
in
Full

Franklin Lewis Wilmer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Still Pond Town Kent County
Date of death 1902 Oct 6 Month Day Years Months Days
Age 2 14
Sex Male Color or Race Colored Birth-place Still Pond

Married, Single
or Widowed

Occupation

Name of Wife or
Husband

Father's
Name

Charles Edgar Wilmer

Father's
Birthplace

Kent Co Md

Mother's
Maiden Name

Annie M. Johnson

Mother's
Birthplace

Kent Co Md

Name of person giving
Information

Charles Edgar Wilmer

How related
to deceased

Father

CAUSES OF DEATH

Primary

Marasmus

105

How long

smi birth

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

Yes

Address

S J Barnick M.D.
Towsonville Md.

Accident or Suicide?

PHYSICIAN
OR CORONER

Fountain .